

LAW OFFICE OF REED YURCHAK
620 131st Ave NE
Bellevue, WA 98005
T: (206) 866-0766 | F: (425) 654-1205 | E: reed@yurchaklaw.com

CLIENT INFORMATION SHEET (CRYPTO CUSTODIAL ACCOUNT)¹

Client:

Name: Benjamin Reed
Address: REDACTED
Telephone: REDACTED
Email: benjamin.reed@gmail.com
DOB: REDACTED
SSN: REDACTED

Emergency Contact:

Name: Sara Reed
Address: REDACTED
Telephone: REDACTED
Email: sara.j.reed@gmail.com

Beneficiary(s):

(List all those who you want to inherit any assets in the custodial trust upon your demise. You may also designate alternate beneficiaries at this time in case something happens to your designated Beneficiary(s):

Beneficiary 1:

Name: Sara Reed
Address: REDACTED
Telephone: REDACTED
Email: sara.j.reed@gmail.com
DOB: REDACTED
SSN: REDACTED³

Percentage of Assets this Beneficiary will inherit (All beneficiaries must total 100% of assets): 100%

Beneficiary 2 (primary/alternate):

Name:
Address:
Telephone:
Email:
DOB:
SSN: (you may call to provide for added security)
Percentage of Assets this Beneficiary will inherit (All beneficiaries must total 100% of assets): _____

Beneficiary 3 (primary/alternate):

Name:
Address:
Telephone:

¹ All client personal information is stored on the Firm's server *only* and any hard copies are shredded.

Email:

DOB:

SSN: (you may call to provide for added security)

Percentage of Assets this Beneficiary will inherit (All beneficiaries must total 100% of assets): _____

Any special instructions regarding disbursement of assets to beneficiary? 100% should go to Sara Reed or in the case of her being deceased/incapacitated then equally to my four children – Isaiah, Christopher, Simeon, & Esther

Alternate Trustee (to manage account if you're incapacitated or choose not to):

Name: Sara Reed

Address: REDACTED

Telephone: REDACTED

Email: sara.j.reed@gmail.com

DOB: REDACTED

SSN: (you may call to provide for added security)

Keys:

Do you wish to designate any other person/entity to have a key to your wallet(s)? If so, please provide their full information and contact:

Name: Mark E Phillips

Address: NA

Telephone: REDACTED

Email: mark.phillips@gmail.com

DOB: ?

SSN: (you may call to provide for added security)

Name: Reed Yurchak

Address: REDACTED

Telephone: REDACTED

Email: reed@yurchaklaw.com

DOB: ?

SSN: (you may call to provide for added security)

Please provide us with any special instructions regarding your assets (i.e., certain assets in separate wallets, etc.). Please do not provide any specifics regarding any of your assets on this form. We will only request financial specifics once the trust and wallet have been set up:

Any other information you'd like us to know: